#### **SUMMARY SHEET**

	Change in Company's premium or r	ate level produced by rate revision effective	3/01/07
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Property	500	-20.7%
	Line of Insurance		
n .	mir i i i i i i i i i i i i i i i i i i	(	
NO	nling only apply to certain territory	(territories) or certain classes? If so, specify:	
NO			
			• • •
Brief.	description of filing (If filing follow	ws rates of an advisory organization, specify o	organization):
		rmation only, to notify you that we are	
	renced ISO filing.	ination only, to notify you that we are	adopting the above
	_		
<u>we</u>	will implement these changes	on all policies effective on or after M	arch 1, 2006.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



ACE American Ins. Co.

Name of Company

Karen Schwabe, Product Line Manager Official - Title

H29219D

(	Change in Company's premium or rate	e level produced by rate revision effective	3/01/07
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	n' . n		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12. 13.	Homeowners		
13. 14.	Commercial Multi-Peril Crop Hail		
15.	Other Property	70,692	-20.7%
13.	Line of Insurance	70,052	20.170
Does f	iling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
This refe	s filing is being made for information for the filing is being made for information filing.	s rates of an advisory organization, specify on attion only, to notify you that we are on all policies effective on or after M	adopting the above

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

OCT 23 2006

SPRINGFIELD. ILLINOIS

ACE Fire Underwriters Ins. Co.
Name of Company

Karen Schwabe, Product Line Manager

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Property		0%
	Line of Insurance		
		(	
oes i NO	tiling only apply to certain territory (	(territories) or certain classes? If so, specify:	
10			
			····
riaf a	description of filing (If filing follow	ws rates of an advisory organization, specify of	organization):
		mation only, to notify you that we are	
		mation only, to notify you that we are	adopting the above
	renced ISO filing.	11 11 1 00 1	1 1 2006
Ne	will implement these changes	on all policies effective on or after M	arch 1, 2006.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRECEIVED

OCT 23 2006

SPRINGFIELD, ILLINOIS

ACE Indemnity Ins. Co.

Name of Company

Karen Schwabe, Product Line Manager

•	Change in Company's premium or ra	ate level produced by rate revision effective	3/01/07
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
	Private Passenger		
	Commercial	<del></del>	
2.	Automobile Physical Damage		<del></del>
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Property	11,218,803	-20.7%
	Line of Insurance		
Does f	filing only apply to certain territory (	territories) or certain classes? If so, specify:	
NO		······	
	•		
Brief	description of filing. (If filing follow	vs rates of an advisory organization, specify of	organization):
		mation only, to notify you that we are	
	renced ISO filing.		
		on all policies effective on or after M	arch 1, 2006
- VV C	will implement these changes	on an poncies effective on of after wi	arch 1, 2000.

- \* Adjusted to reflect all prior rate changes.\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

OCT 23 2006

SPRINGFIELD. ILLINOIS

ACE Ins. Co. of Illinois Name of Company

Karen Schwabe, Product Line Manager

Form	(RF-3)

	•			
	Change in Company's premium	or rate lev	· · ·	
	revision effective		+0.2%	
	(1)		(2)	(3)
	, ,	An	inual Premium	Percent
	Coverage		lume (Illinois)*	Change (+ or -) **
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			•
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Croup Hail			
15.	Other Businessowners		14,899,534	+0.2%
	Line of Insurance		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Does	s filing only apply to certain territory (te	rritories) o	r certain	
class	ses? If so, specify:			
	_	_		
	description of filing. (If filing follows ra	ates of an a	advisory	
orgar	nization, specify organization):			
	<u> </u>		<del></del> -	
*	Adjusted to reflect all prior rate chan	ides		
**	Change in Company's premium leve		ı	
	result from application of new rates.		•	
	result from application of new rates.			
	DIVIDION OF INC.	NOE 1		AMCO Incurance Company
	DIVISION OF INSURA STATE OF ILLINOIS/IDF	NCE		AMCO Insurance Company
	RECEIVE			Name of Company
		_		
	OCT 2 2006	1	Maria Cafeeral Otal 5	lina Cassialist
	33. 22000	]	Marie Safreed, State F	<del> </del>
		- 1		Official - Title

SPRINGFIELD. ILLINOIS

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective  $\frac{11}{12006}$  (new),  $\frac{1}{12007}$  (renewal)

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	<u> Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	· · · · · · · · · · · · · · · · · · ·	
6. Fidelity		
7. Surety	-	
8. Boiler and Machinery		
9. Fire		<del></del>
· -		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other General Liability	150,506	-1.8%
Line of Insurance		
Does filing only apply to certain If so, specify: N/A	territory (territories	or certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates on:  We are filing to refer to the filling to refer to the filling to refer to the filling	MICH IRANO
		DIVISION OF LINESHOPPE
Liability coverage form and ratin	g plan.	
	1	= 1 0 2006 \ \
		OCT 1 n 2006
a salamena en maglant all muion :	usts shares	1
* Adjusted to reflect all prior: ** Change in Company's premium le	rate changes.	SPRINGFIELD, ILLINOIS
result from application of new		SPRINGFIELD, ILLEN
result from apprication of new	Taces.	
	•	
A	merican Alternative Ins	urance Corporation
	Name of Com	
		<u></u>
	Stephen J. Corbett -	
	Official - '	
H29219D		

Form (RF-3)  Change in Company's premi revision effective 11/1/2	SUMMARY SHEET	OF INSURANCE
	_	DIVISION OF ILLINOISME
Change in Company's premi	um or rate level produce	d bushale
revision effective 11/1/2	2006 (new), 1/1/2007 (re	newal) : 1 0 2000
(1)	(2)	001 *(3)
(1)	Annual Premium	Percent INOIS
Coverage	Volume (Illinois) *	OCT (3) Percent LINOIS SPRINGFIELDOR
1. Automobile Liability		SPRING
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	***************************************	
6. Fidelity		
7. Surety	-	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	· · · · · · · · · · · · · · · · · · ·	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Commercial Property	41,050	+8.5%
Line of Insurance		
Does filing only apply to certain	n territory (territories)	or certain classes?
If so, specify: N/A		
	•	
	6 612 1 6 22	6 1 '
Brief description of filing. (I	t filing follows rates of	t an advisory
organization, specify organization	on): we are filling to re	evise our commercial
Property coverage form and rating	g plan.	
		-
	_	
* Adjusted to reflect all prior	rate changes.	
** Change in Company's premium le	ever which will	
result from application of new	v races.	
	American Alternative Insu	urance Corporation
	Name of Com	
		774 P 2 2
		Vice President
	Official - 7	ritie

H29219D

Form (RF-3)  Change in Company's	SUMMARY SHEET DIVISION OF INSURANCE STATE OF ILLINOISHOFPE STATE OF ILLINOISHOFPE OF ILLINO	
revision effective 1	(2) SPRINGFIELD, ILLING	OIS
(1)	Annual Premium Per	cent
Coverage	Volume (Illinois) Change (	<u>(+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Dama Private Passenger Commercial 3. Liability Other Than Aut 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery		
9. Fire 10. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail 15. Other Crime	10,200	-5.7%
Line of Insurance		-5.78
Does filing only apply to ce If so, specify: N/A	ertain territory (territories)or certain cla	isses?
	. (If filing follows rates of an advisory ization): We are filing to revise our Crim	e coverage
form and rating plan.		
* Adjusted to reflect all p ** Change in Company's premi result from application o	ium level which will	cion
	Stephen J. Corbett - Vice Presiden	<u>t                                      </u>
	Official - Title	

H29219D

FORM (RF-3)

Change in Company's pro Effective November 1, 2	emium or rate level produced 2006	by rate revision
(1)	(2)	(3)
,	Annual Premium	Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability     Private Passenger     Commercial		
Automobile Physical Damage     Private Passenger     Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	<del> </del>	
5. Glass		
6. Fidelity		
7. Surety	····	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Farm/Ranch	\$ 1,773,297	- 0.32%
Does filing only apply to certain terrill If so, specify:	itory (territories) or certain cla	sses? No
Brief description of filing. (If filing for Organization, specify organization):		vision - Longevity Discount
*Adjusted to reflect all prior rate charge in Company's premium leresult from application of new rate	vel which will	
	AMERICAN	FAMILY MUTUAL INS. CO.
		Name of Company
DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED	James P. V	* *
OCT 0 3 2006		Official Tide

SPRINGFIELD, ILLINOIS

Official - Title

James P. Meyer, ACP, AIM

Senior Pricing Analyst/Filings

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

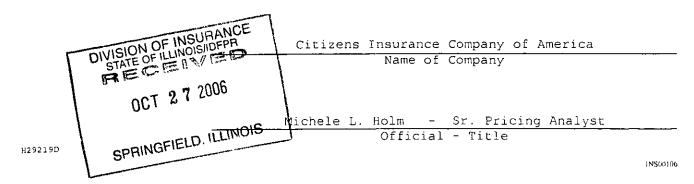
Change in Company's premium or rate	e level produced by rate revision effective	05/01/2007
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercia	al	
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	<del></del>	
15. Other Personal Watercraft	\$607,616	-0.76%
Line of Insurance	Ψουτ, στο	0.1070
Watercrafts in all territories.  Brief description of filing. (If filing followatercraft Hull rates by -10%. 2) The age debits for 11-15 years old boats file.	www.rates of an advisory organization, specify Class II Sailboat credit will be reduced from 3 om 15% to 20%, 16-20 years old boats from 3 II watercraft application to include new debits.	organization): 1) Decreasing Class II 0% to 20%. 3) Increasing the Class II 5% to 40% and 21-25 years old boats
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	el which will result from application of new rates  The Cincin	nnati Insurance Company Name of Company
	Matt Terre	II, Personal Lines Analyst Official - Title
		omaa – mo
DIVISION OF INS STATE OF ILLINOI	URANCE S/IDEPR	

OCT 2 5 2006

SPRINGFIELD, ILLINOIS

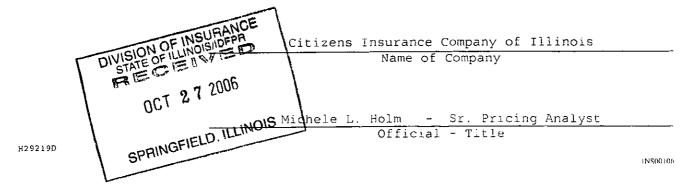
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
_		
6. Fidelity	· · · · · · · · · · · · · · · · · · ·	
7. Surety		
8. Boiler and Machinery	\$109,670	-16.6%
9. Fire		-16.6%
10. Extended Coverage	\$33,060	-10.06
l1. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Special Cause of Loss	\$55, <b>97</b> 9	-16.6%
Line of Insurance		
Does filing only apply to certain	territory (territories)o	r certain classes?
If so, specify:		
Brief description of filing. (If	filing follows rates of	an advisory
organization, specify organization	): Filing to adopt ISO	Loss costs, Rules and
revise LCM's.		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	\$618,893	9.4%
9. Fire	\$17,608	9.4%
10. Extended Coverage	\$17,000	
11. Inland Marine 12. Homeowners		
12. Homeowhers 13. Commercial Multi-Peril		
14. Crop Hail		
14. Crop hall 15. Other Special Cause of Loss	\$1,763	9.4%
Line of Insurance		
Does filing only apply to certain  If so, specify:	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of and its filing to adopt ISO I	n advisory Loss costs, Rules and
revise LCM's.		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	Change (+ or -)**	
	Automobile Liability Private Passenger Commercial			
	Automobile Physical Damage Private Passenger Commercial			
	Liability Other Than Auto		<del></del>	
	Burglary and Theft Glass			
	Fidelity	<del></del>	<del></del>	
	Surety		<del></del>	
•	Boiler and Machinery			
	Fire Extended Coverage			
	Inland Marine			
	Homeowners	<del></del>		
	Commercial Multi-Peril			
	Crop Hail	···································		
•	Other Employment Life of Insurance PRACTECS LEA	12,458	170%	$\dot{\cdot}$
	Does filing only apply to cert	ain territory (territor	ies) or certain	
	classes? If so, specify: //	10	Certain	
	Brief description of filing.	(If filing follows mate	s of an advisory	
	organization, specify organiza	ition): PDA6A &	בים אואו או הייחים ו	ATC
	ERULE DE DIAY K	くとエルくリアをょ	LIDAGE	· 10 of Change
	*Adjusted to reflect all prior	TALICUL DU FA	f5-) Being	70 08 Change
	**Change in Company's premium	level which will result	from application of	

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 1 2007

SPRINGFIELD, ILLINOIS

Sessie Sanders Commercial Zines
Underwriting analyst

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (IIIinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		977 60 M
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$396,814	8.4%
10. Extended Coverage	\$152,908	8.4%
ll. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	\$208,349	8.4%
15. Other Special Cause of Loss  Line of Insurance	\$200,349	0.43
If so, specify:		
Brief description of filing. (If organization, specify organization)	filing follows rates of ann): Filing to adopt ISO L	n advisory oss costs, Rules and
revise LCM's.		
revise ben 5.		
* Adjusted to reflect all prior		
** Change in Company's premium le	vel which will	
result from application of new	rates.	
result from application of new DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
STATE OF ILLINOIS IN THE CELL OF THE CELL		
0006	Hanover Insurance C	Company
OCT 2 7 2006	Name of Compar	ny
1		
THE HILINOIS		
SPRINGFIELD, ILLINOIS	Michele L. Holm - Sr. P	
1		

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		W-112-21
7.	Surety	-	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	05.005	00.50/
15.	Other Property	27,835	-20.7%
	Line of Insurance		
loes f	iling only apply to certain territory	(territories) or certain classes? If so, specify:	
NO	imig only upply to octum terriory	(territories) or cortain classes. It so, specif.	
This		ws rates of an advisory organization, specify or mation only, to notify you that we are	
	TATABLE TO STITLE		

- \* Adjusted to reflect all prior rate changes.

  \* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRIECEIVED

OCT 23 2006

SPRINGFIELD, ILLINOIS

Ins. Co. of North America Name of Company

Karen Schwabe, Product Line Manager

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$834,095	7.7%
10. Extended Coverage	\$308,257	7.7%
ll. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Special Cause of Loss	\$618,893	7.7%
Line of Insurance		
Does filing only apply to certain	territory (territories)	certain classes?
If so, specify:	territory (territories) o.	dereum drabbed.
LE SO, Specify.		
Brief description of filing. (If	filing follows rates of a	an advisory
organization, specify organization	i): Filing to adopt ISO	Loss costs, Rules and
revise LCM's.		
	· · · · · · · · · · · · · · · · · ·	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

ſ	DIVISION OF INSURANCE STATE OF ILLINOISHDEPR FECET WED	Massachusetts Bay	Insurance Company
	OCT 27 2006	Name of	Company
	SPRINGFIELD, ILLINOIS		Sr. Pricing Analyst - Title
H29219	D		

Change in Company's premium or rate level produced by rate revision effective October 15, 2006.

(1) Coverage	(2) Annual Premium Volume(Illinois)*	(3) Percent Change (+or-)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial	e	
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety 8. Boiler and Machinery		
9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Farm Fire and Liability Line of Insurance	\$38,979	-9.1%
Does filing only apply to cerclasses? If so, specify: Chaclasses.  Brief description of filing:	ange applies to all ter  (If filing follows ra	tes of an advisory
organization, specify organizability Program	zation): Rate Revision	n for Farm Fire and
* Adjusted to reflect all p ** Change in Company's premi result from application of	ium level which will	
	Meridian Ci Insurance C	tizens Mutual ompany
	Name o Wanda Hampt Personal Li	

Change in Company's premium or rate level produced by rate revision effective October 15, 2006.

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	<pre>Volume(Illinois) *</pre>	Change (+or-)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
<ol><li>Boiler and Machinery</li></ol>		
9. Fire	***************************************	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Farmowners	\$867,546	+4.0%
Line of Insurance		
Does filing only apply to certa		
classes? If so, specify: Chang	e applies to all te	rritories and all
classes.		
Brief description of filing: (organization, specify organizat		

Meridian Citizens Mutual Insurance Company

Name of Company
Wanda Hampton
Personal Lines Staff
Pricing Analyst
Official - Title

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate le	evel produced by rate revision effective _	11/1/2006 for NB & 1/1/2007 for Ren.
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> </ol>		
14. Crop Hail 15. Other Boatowners(Liability Only) Line of Insurance	\$2,495,658	-4.6%
Brief description of filing. (If filing follows	(territories) or certain classes? If so, spec rates of an advisory organization, specifions, and increasing the minimum premiur	y organization): <u>Decreasing liability rates,</u>
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new ra	m Fire and Casualty Company Name of Company

Gregory S. Girard - Actuary & Assistant Secretary-Treasurer
Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR RECEIVED

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SPRINGFIELD, ILLINOIS